



Office of Workforce Development

On-The-Job Training Procedures

Summary

As part of a service to Job Center participants, OWD continues to promote the provision of on-the-job training as a viable training solution for moving individuals into self-sufficient employment.

On-the-Job Training (OJT) is a training option used by participants to achieve training and placement goals. The Workforce Innovation Opportunity Act (WIOA) defines OJT as "... training, by an employer, provided to a paid participant while engaged in productive work in a job that —

- a) provides knowledge or skills essential to the full and adequate performance of the job;
- b) is made available through a program that provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, except as provided in section 3174(c)(3)(H) of this title, for the extraordinary costs of providing the training and additional supervision related to the training; and
- c) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate."

This information packet has been developed to put all current forms related to the OJT program in one place as staff begin to develop an OJT agreement. Staff may access separated forms online at jobs.mo.gov/dwdprograms.

Delivery and Performance

Each local Workforce Development Board will have its own policies and procedures developed to operate and implement the OJT Program, as required by various regulations (TEGL 19-16, §680.710, §680.740, §680.720(b)). Staff must follow all local policies, as well as policies and other guidance contained in [OWD Issuance 03-2020: Statewide OJT Policy](#) and the recent version of the OWD OJT Manual, located at jobs.mo.gov/dwdprograms.

OJT is a training opportunity that impacts the following performance measures: employment quarter 2 and quarter 4, median earnings, and Measurable Skills Gain.

Questions

If staff have any questions about the program please feel free to send them dwdpolicy@dhewd.mo.gov or contact the OWD Work-Based Learning Coordinator, Mike Chittum, at 573-526-3618.



Missouri Department of Higher Education and Workforce Development
Office of Workforce Development

On-the-Job Training Program Agreement

TRAINING OPERATOR (DWD or Local WDB)		CONTACT PERSON		TRAINING OPERATOR TELEPHONE NUMBER	
EMPLOYER				FEIN	
ADDRESS			CONTRACT NUMBER		NO. OF ALL PARTICIPANTS
EMPLOYER CONTACT PERSON				CONTACT PERSON TELEPHONE NO.	
FISCAL CONTACT PERSON		FISCAL CONTACT TELEPHONE NO.		FISCAL ADDRESS IF DIFFERENT THAN EMPLOYER TRAINING ADDRESS	

This training agreement is entered into between the _____, hereinafter called the **On-the-Job Training Operator**, and _____, hereinafter called the **Employer**. The parties hereto agree that the **Employer** will employ _____ participants and provide full-time, on-the-job training services in accordance with the training outline, which is attached and made a part hereof. The Employer will receive a total fixed price in an amount not to exceed \$_____ in consideration for training services provided during the period beginning _____ and ending _____. Such amount will be paid pursuant to the terms and conditions set forth under the General Assurances outlined within this agreement ("ON-THE-JOB TRAINING GENERAL ASSURANCES"). Participants employed under this agreement must be certified as being eligible prior to employment by the **Training Operator**. A "Monthly Progress Report/Invoice" covering the prior month's activities, along with other information as required for reimbursement purposes, must be submitted by the **Employer** to the **Training Operator** by the fifth working day of the following month. A form for this purpose will be furnished by the **Training Operator**.

EMPLOYER ATTESTATIONS (FOR WIOA OJT ONLY)

- a. The **Employer** attests upon entering this agreement that the training position(s) have not been relocated from any of its assets within the United States within the prior 120 days. ☐ Yes ☐ No
- b. The **Employer** attests upon entering this agreement that it has: 1) attempted recall on all employees on active layoff of less than 365 days, and/or 2) not given notice of layoff from the same, or any substantially equivalent, position. ☐ Yes ☐ No
- c. The **Employer** utilizes an electronic time-management system to capture time-management records. ☐ Yes ☐ No

CONCURRENCE OF THE COLLECTIVE BARGAINING AGENT

- a. Is (Are) the occupation(s) in which employment and training to be offered subject to a collective bargaining agreement? ☐ Yes ☐ No
- b. If "Yes," has there been concurrence by the appropriate bargaining representative? ☐ Yes ☐ No

Please indicate the name, title, and union affiliation of the appropriate bargaining representative:

AUTHORIZED SIGNATURES

EMPLOYER SIGNATURE	PRINT/TYPE NAME	TITLE	DATE
AUTHORIZED TRAINING OPERATOR SIGNATURE	PRINT/TYPE NAME	TITLE	DATE
LOCAL WDB DIRECTOR OR REPRESENTATIVE SIGNATURE	PRINT/TYPE NAME	TITLE	DATE

For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or 1-888-728-JOBS (5627). The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.

LEGAL CERTIFICATIONS

By signature of this Training Program Agreement, the Employer provides the following Certification regarding Debarment and Suspension in accordance with 2 CFR Part 2998 and certifies that to the best of his or her knowledge and belief that it and its principals:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or State of Missouri department or agency;
- Have not within a three-year period preceding this Training Program Agreement been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, State, or local) with commission of any of the offenses enumerated in this certification; and,
- Have not within a three-year period preceding this Training Program Agreement had one or more public transactions (federal, State, or local) terminated for cause or default.

Where the prospective primary Employer's representative is unable to certify to any of the statements in this certification, such representative shall submit an explanation to the Training Operator.

The Contracting Agency (Employer) assures, as a condition to the award of financial assistance under the Workforce Innovation and Opportunity Act (WIOA) from the U.S. Department of Labor (USDOL), with respect to operation of the WIOA-funded program or activity and all agreements or arrangements to carry out the WIOA-funded program or activity, that it will comply fully with the nondiscrimination and equal-opportunity provisions of WIOA Section 188, 20 CFR 683.600, and 29 CFR Part 38.

NONDISCRIMINATION & EQUAL OPPORTUNITY ASSURANCE

Note: This particular assurance (portions which are duplicated elsewhere in other assurances) is applicable to the extent that the program activities are conducted as part of the One-Stop Delivery System (See 29 CFR 38.2). As a condition to the award of financial assistance from the USDOL under Title I of WIOA, the Contracting Agency assures that it and its subrecipients will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- (1) Section 188 of WIOA, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity;
- (2) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
- (3) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- (4) The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- (5) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The Contracting Agency (and its subrecipients) also assures that it will comply with 29 CFR Part 38, as proposed, and all other regulations implementing the laws listed above. This assurance applies to the Contracting Agency's operation of the WIOA Title I financially assisted program or activity, and to all agreements the Contracting Agency makes to carry out the WIOA Title I financially assisted program or activity. The Contracting Agency understands that the United States has the right to seek judicial enforcement of this assurance.

The Missouri Office of Workforce Development and the Local Workforce Development Boards are responsible for ensuring WIOA recipients comply with the nondiscrimination and equal-opportunity regulations. If the employer has 15 employees and 15 WIOA participants during a grant year, the employer will be monitored for compliance with 29 CFR Part 38.

EMPLOYER SIGNATURE

PRINT/TYPE NAME

TITLE

DATE

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The employer must certify its current business status by completing either Box A, Box B, or Box C following on this exhibit.

- | | |
|--------|---|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity that has not yet completed and submitted documentation pertaining to the federal work authorization program. |
| BOX C: | To be completed by a business entity that has current work-authorization documentation on file with a Missouri State agency, including the Office of Administration's Division of Purchasing. |

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

NOTE: Regarding government entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out-of-state agencies, out-of-state schools, out-of-state universities, and political subdivisions. A business entity does not include Missouri State agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual's Name) **DOES NOT**
CURRENTLY MEET the definition of a business entity, as defined in section 285.525 RSMo, pertaining to section 285.530 RSMo, as stated above, because (Check the applicable business status that applies below.):

- ☐ I am a **self-employed** individual with no employees; **OR**
- ☐ The company that I represent employs the services of **direct sellers**, as defined in subdivision (17) of subsection 12 of section 288.034 RSMo.

I certify that I am not an alien unlawfully present in the United States, and if _____
(Company/Individual's Name) is awarded an agreement for services requested herein under (Bid/SFS/
Agreement Number) and if the business status changes during the life of the agreement to become a
business entity as defined in section 285.525 RSMo, pertaining to section 285.530 RSMo, then, prior to the
performance of any services as a business entity, _____ (Company/
Individual's Name) agrees to complete Box B, comply with the requirements stated in Box B, and provide the
_____ (insert agency name) with all documentation required in Box B
of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (If Applicable; Please Print)

Date

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Business Entity Name

Date

E-Mail Address

As a business entity, the employer must perform/provide each of the following. The employer should check each to verify completion/submission of all of the following:

- o Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- o Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the employer's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the employer's name and the MOU signature page completed and signed, at minimum, by the employer and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the employer's name and company ID, then no additional pages of the MOU must be submitted; AND
- o Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

AFFIDAVIT OF WORK AUTHORIZATION:

The employer who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now _____ (Name of Business Entity Authorized Representative) as _____ (Position/Title) first being duly sworn on my oath, affirm _____ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that _____ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

E-Verify Company ID Number

Subscribed and sworn to before me this _____ of _____.
(DAY) (MONTH, YEAR)

I am commissioned as a notary public within the County of _____,
(NAME OF COUNTY)

State of _____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary

Date

(Complete the following if you **DO NOT** have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency, Missouri Job Center, Local Workforce Development Board, or or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ☐ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the employer's name and the MOU signature page completed and signed by the employer and the Department of Homeland Security – Verification Division
- ☐ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency, Missouri Job Center, Local Workforce Development Board, or Public University*** to Which Previous E-Verify Documentation Submitted: _____

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: _____

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: _____

(if known)

Authorized Business Entity Representative's Name
Signature
(Please Print)

Authorized Business Entity Representative's

E-Verify MOU Company ID Number

E-Mail Address

Business Entity Name

Date

FOR OFFICE USE ONLY

Documentation Verification Completed By:

Representative

Date

Missouri Job Center (if applicable)

ON-THE-JOB TRAINING PROGRAM CONTRACT GENERAL ASSURANCES

1. Participant Approval

The Workforce Innovation and Opportunity Act (WIOA) and the Trade Act of 1974 and Amendments thereafter require that the following conditions must be satisfied for approving and paying the cost of on-the-job training:

- (a) No currently employed worker is displaced, including partial displacement such as a reduction in the hours of non-overtime work, wages, or employment benefits;
- (b) Training does not impair existing contracts for services or collective bargaining agreements;
- (c) In the case of training which would be inconsistent with the terms of a collective bargaining agreement, written concurrence must be obtained from the concerned labor organization;
- (d) No other individual is on layoff from the same or any substantially equivalent job for which such eligible participant is being trained;
- (e) The **Employer** has not terminated the employment of any regular employee or otherwise reduced the workforce with the intention of filling the vacancy so created by hiring the eligible participant;
- (f) The job for which the eligible participant is being trained is not being created in a promotional line that will infringe in any way upon the promotional opportunities of currently employed individuals;
- (g) The training is not for the same occupation as that from which the participant was separated and with respect to which such participant's group was certified;
- (h) The **Employer** has not received payment under any other on-the-job training provided by such **Employer** which failed to meet the requirements of (a) through (f) above;
- (i) The **Employer** has not taken, at any time, any action which violated the terms of any certification described in 3(c) below made by the **Employer** with respect to any other on-the-job training provided by the **Employer** for which any other **Training Operator** has made reimbursement payment; and
- (j) There is no member of the prospective participant's immediate family engaged in an administrative capacity for the **Employer**.

2. Termination of Contract

The performance of work under this agreement may be terminated by the **Training Operator** when, for any reason, it is determined that such termination is in the best interest of the program, or when it has been determined that the **Employer** has failed to comply with any of the other provisions contained in the agreement.

3. Termination of Participants

- (a) **Employer** agrees that participant will not be terminated without prior notice to such participant and with prior consultation with the **Training Operator**. Reasonable opportunity will be provided for improvements of any unsatisfactory performance, including substandard or unsatisfactory progress or conduct, so that the **Training Operator** may assist in correcting, adjusting, and improving such performance before termination becomes necessary. This, however, does not preclude the **Employer's** right to terminate the participant in the event of gross misconduct or other causes for immediate termination, as defined in the **Employer's** personnel standards and policy.
 - (b) **Employer** shall be responsible to report to the **Training Operator** within ten (10) working days the voluntary or involuntary termination of participants from the training program.
 - (c) **Employer** agrees not to terminate participant for the exclusive reason of agreement expiration. It is expected that the participant will be retained after completing the training, if the participant desires to continue such employment, and the **Employer** does not have due cause to terminate the employment.
 - (d) **Debarment and Suspension**: Employer agrees to meet Federal and State requirements regarding debarment and suspension.
- ### 4. Participant Wages and Benefits
- (a) Hourly wages paid to participants shall not be less than the highest of the following:
 - the minimum wage rate prescribed by the federal, state, or local law;
 - the prevailing wage rate for persons similarly employed by the

- **Employer**; or,
- the wage rate required by an applicable collective bargaining agreement.

(b) **Employer** agrees that the participant will receive all fringe benefits available to other employees in the same class during the training program, and the participant will be assured of workers' compensation at the same level and to the same extent as others similarly employed who are covered by a workers' compensation statute or system. (c) No participant will be required or permitted to work or train in buildings or surroundings under working conditions which are unsanitary, hazardous, or dangerous to the participant's health or safety. Participants employed or trained in inherently dangerous occupations shall be assigned to work in accordance with reasonable safety practices.

5. Payments

- (a) Payment for OJT shall be based on the total hours worked per month multiplied by the training cost per hour within that job title. Overtime costs and holiday pay will not be reimbursed. Total reimbursement shall not exceed the amount agreed upon in this agreement.
- (b) **Employer** must be current on tax payments. Outstanding state taxes could result in rejection of reimbursement until resolved.
- (c) **Employer** agrees to provide full-time employment, defined as not less than 32 hours per work week if the agreement is established under a WIOA program or defined as 'full-time' by the employer if the agreement is established under the Trade Program.
- (d) Payments made under this agreement cover all payment obligations by **Training Operator** to **Employer** and payment for the **Employer's** services in providing training is considered sufficient by all parties to cover costs of training. These costs include OJT instruction, non-productive time, extra wastage, added wear and tear of equipment, and the added supervisory effort. No other obligation for payment or other financial liability of any kind is incurred by **Training Operator**.
- (e) No payments may be made to **Employer** for the training of participants in OJT during the periods of work stoppage as a result of a labor dispute or natural disaster.

6. Records Maintenance

- (a) **Employer** shall maintain books, records, documents, and other evidence and accounting procedures and practices, sufficient to reflect properly all training costs and services claimed to have been incurred and anticipated to be incurred for the performance of this agreement.
- (b) **Employer's** records to be maintained shall include documentation of participant's daily time and attendance records.
- (c) The **Employer** shall preserve and make available records until the expiration of five (5) years from the final payment under this agreement.
- (d) The **Employer** agrees that authorized representatives of Training Operator and other representatives of funding sources shall be given access to, at all reasonable times, the facilities and records pursuant to this agreement.
- (e) Upon request of the **Training Operator**, the progress of the participant shall be reported. The **Employer** shall assist in providing the **Training Operator** access to participant to perform counseling services.
- (f) **Employer** affirms enrollment and participation in the E-Verify federal work-authorization program.

7. Disclosure of Confidential Information

The **Employer** agrees to maintain the confidentiality of any information regarding applicants and participants, or their families, which may be obtained through application forms, interviews, tests, reports from public agencies or counselors, or any other source.

8. Laws Applicable

The **Employer** will perform its duties under this agreement in accordance with the WIOA regulations, the Trade Act of 1974 and Amendments thereafter, and procedures and standards promulgated there under, as well as any subsequent legislation, regulations, procedures, and standards enacted in substitution or in addition thereto.

Acknowledgement: I have received the above information. **Employer's Initials:** _____ **Date:** _____



MISSOURI DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT
OFFICE OF WORKFORCE DEVELOPMENT

ON-THE-JOB TRAINING OUTLINE AND JOB DESCRIPTION

(Description of processes, operations, or skills to be learned during time for which wages are paid by Employer)

(COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT)					
EMPLOYER NAME				CONTRACT NUMBER	
OCCUPATION FOR WHICH TRAINING WILL BE GIVEN			O*NET CODE	SVP LEVEL	
SELECT FUNDING SOURCE			ADDITIONAL FUNDING INFORMATION		
INITIAL WAGE RATE \$	ENDING WAGE RATE \$	TOTAL OJT WAGE REIMBURSEMENT \$	OJT REIMBURSEMENT RATE (%) %	HOURS PER WEEK	
PARTICIPANT'S NAME			STATE ID	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	
BEGINNING DATE OF TRAINING			ANTICIPATED ENDING DATE OF TRAINING		
JOB DESCRIPTION					
TRAINING OUTLINE (ACTIVITIES)				ESTIMATED NUMBER OF HOURS	ESTIMATED COMPLETION DATE
If necessary, additional training outline entries, or information describing training activities, can be continued on a separate sheet and attached to this form.					← TOTAL HOURS
<p>NOTE: It may be necessary to deviate from the above schedule, depending on the trainee's ability to gain and retain knowledge of the various tasks within the occupation. Hours indicated are estimates. The trainee also may be assigned to perform other duties as required by the employer. These would be duties expected of any new or inexperienced employee and could include cleaning of the work area.</p>					
EMPLOYER/TRAINER NAME			EMPLOYER/TRAINER SIGNATURE X		DATE
PARTICIPANT'S SIGNATURE X				DATE	
<p>For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or 1-888-728-JOBS (5627). The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.</p>					

ON-THE-JOB TRAINING SUPPLEMENTAL AGREEMENT

EFFECTIVEDATE	CONTRACT NUMBER	MODIFICATION#	MODIFICATIONTYPE	
			Bilateral	Unilateral
TO (Employer's Name and Address)		ISSUED BY (Include Local Missouri Job Center Address)		

CHANGES HEREIN HAVE THE FOLLOWING EFFECT ON FUNDS IN THIS SUBCONTRACT

Increased by \$ _____ Decreased by \$ _____ Unchanged

THE ABOVE-NUMBERED CONTRACT IS MODIFIED AS FOLLOWS

Except as hereby modified, all terms and conditions of said training agreement as heretofore modified remain unchanged and in full force and effect.

EMPLOYER	ON-THE-JOB TRAINING PROGRAM REPRESENTATIVE
<div> <div>X</div> <div> <div>Signature of Employer</div> <div>Date</div> </div> </div>	<div> <div>X</div> <div> <div>Signature of Program Representative</div> <div>Date</div> </div> </div>
TYPEDNAME	TYPEDNAME
TITLE	TITLE

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Missouri Department of Higher Education and Workforce Development Office of Workforce Development On-the-Job Training Monitoring Report (Employer)

JOB CENTER REPRESENTATIVE FILING REPORT		EMPLOYER NAME AND REPRESENTATIVE		DATE OF VISIT
NAME OF PARTICIPANT		PARTICIPANT'S STATE ID	PARTICIPANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	
I. GENERAL INFORMATION				
OJT CONTRACT NUMBER <input type="text"/>		Number of participants who have completed training, to date, under this agreement: _____ Number of participants terminated, to date, under this agreement: _____		
II. REPORTS AND RECORDS (Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)				
A. "Start date" in employer's records occur on or after case-management system enrollments? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Has the <i>Monthly Progress Report/Invoice</i> (DWD-PO-220) been submitted every 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Are adequate financial records being kept to support claims for reimbursement for items in the agreement budget? <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Do the reimbursements and days of training claimed on the <i>Monthly Progress Report/Invoice</i> agree with attendance and payroll records? <input type="checkbox"/> Yes <input type="checkbox"/> No				
III. TRAINING SERVICES (Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)				
A. Is the training outline being followed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Is the participant being paid at the wage specified in the agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IV. PROGRAM OPERATIONS (Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)				
A. Is the Employer aware of and complying with Title VI EEOC Compliance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Is an Equal Employment Opportunity poster visible in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Are the training facilities adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Is training equipment adequate and available to participants? <input type="checkbox"/> Yes <input type="checkbox"/> No				
E. Are the instructors adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
F. Are there any participant grievances? <input type="checkbox"/> Yes <input type="checkbox"/> No				
V. EVALUATION OF PROGRAM (Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, below.)				
A. Rate this program on the basis of your observations: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
B. Recommended action to be taken on deficiencies: <input type="checkbox"/> Modification <input type="checkbox"/> Termination <input type="checkbox"/> No Action Required				
VI. EMPLOYER FILE DOCUMENTATION				
LOCATION OF RECORDS				
RECORDS EXAMINED		DISCREPANCIES NOTED	ACTION TAKEN	COPY OBTAINED
<input type="checkbox"/> Do payroll records indicate participant was working prior to the beginning date of training agreement?				
<input type="checkbox"/> Time Sheet				
<input type="checkbox"/> Time Card				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Payroll Journal				
<input type="checkbox"/> Pay Record				
<input type="checkbox"/> Check Stub				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Cancelled Checks				
<input type="checkbox"/> Other:				

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VI. EMPLOYER FILE DOCUMENTATION (continued)

COMMENTS ON DOCUMENTATION

X

SIGNATURE OF MONITOR

DATE

If applicable, attach an updated copy of *On-the-Job Training Outline and Job Description* (DWD-PO-214) for this participant.



Missouri Department of Higher Education and Workforce Development
Office of Workforce Development
On-the-Job-Training

Monthly Progress Report/Invoice

COMPLETE MONTHLY PROGRESS REPORT FOR EACH PARTICIPANT AND ATTACH COMPANY PAYROLL RECORD

INVOICE # _____

NDWG

TRADE

OTHER: _____

ADULT

YOUTH

DISLOCATED WORKER

Make Check Payable to:

EMPLOYER NAME	TRAINING CONTRACT NUMBER
ADDRESS	PARTICIPANT'S NAME
	PARTICIPANT'S APPID OR LAST 4 DIGITS OF SSN

CONTRACT PERIOD (Month, Day, Year)	INVOICE PERIOD (Month, Day, Year)
FROM: _____ TO: _____	FROM: _____ TO: _____

(Indicate Calendar Day and Number of Hours Worked for Each Calendar Day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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PRIOR CUMULATIVE HOURS WORKED	TOTAL HOURS WORKED THIS PERIOD	NEW TOTAL CUMULATIVE HOURS WORKED
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ATTESTATIONS

Employer I certify onsite training has been provided per the contract and that wages/hours in this statement are correct to the best of my knowledge. Repayment for these training services has not been received from any other source. Time/Attendance and Payroll Records are available to verify the totals above. Amounts in this invoice constitute authorized payments per the Training Agreement. The Invoice marked "final report" constitutes authority to terminate this slot and to deobligate unused funds. I further certify this participant has not been employed previously by this firm, unless specifically identified as an upgrading training situation. I certify that the OJT participant is making satisfactory progress with attainment of the skills outlined on the OJT Training Plan.

X _____
Signature of Employer or Authorized Representative Title Date

Participant I certify that I have reviewed this request and verify that I have worked the hours reported and have been paid at the rate indicated.

X _____
Signature of Participant Date

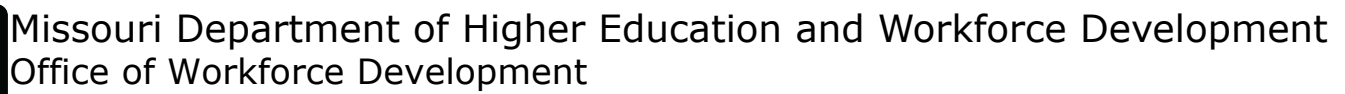
Agency Agency Certification: The rate of pay and number of hours worked have been reviewed. Payment is approved subject to verification.

X _____
Signature of Job Center Representative Title Date

FOR OFFICIAL USE ONLY

Hourly Rate	Rate (%) of Reimbursement	=	Hourly Rate of Reimbursement	X	Reimbursable Hours	=	Amount Due Employer	Final Report	If Final Report Total Amount Paid This Slot*
\$							\$		\$
\$							\$		\$
\$							\$		\$

For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or 1-888-728-JOBS (5627). The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.



On-the-Job Training Monitoring Report (Participant)

COMPANY/CORPORATE INFORMATION							
COMPANY NAME			EMPLOYEE SUPERVISOR/REVIEWER			REVIEW DATE	
NAME OF PARTICIPANT			PARTICIPANT'S START DATE	PARTICIPANT'S JOB TITLE			
ON-THE-JOB TRAINING OUTLINE ACTIVITIES <i>(Please List)</i>				Needs improv.	Proficient	Exceeds expectations	Date Completed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

REVIEW COMMENTS/GOALS

Employer Supervisor/Reviewer Signature _____ Date _____

Employee Signature _____ Date _____

Monitor Signature _____ Date _____